Study of the U.S. Institutes (SUSIs) for Student Leaders Nomination Form on Civic Engagement

\* Required

SECTION A: CANDIDATE INFORMATION

\*Please provide information exactly as it appears in the candidate's passport.

1. Surname (Last Name): \*

|  |
| --- |
|  |

1. Given Name(s): \*

|  |
| --- |
|  |

1. Gender: \*
	1. [ ]  Female
	2. [ ]  Male
	3. [ ]  Non-binary
	4. [ ]  Other

|  |
| --- |
|  |

1. Date of Birth: \*

|  |
| --- |
|  |

Format: M/D/YYYY

1. City of Birth: \*

|  |
| --- |
|  |

1. Country of Birth: \*

|  |
| --- |
|  |

1. Primary Citizenship: \*

|  |
| --- |
|  |

1. Country of Residence: \*

|  |
| --- |
|  |

1. Secondary Citizenship (if applicable):

|  |
| --- |
|  |

1. Street Address: \*

|  |
| --- |
|  |

1. City: \*

|  |
| --- |
|  |

1. State/Province:

|  |
| --- |
|  |

1. Postal Code:

|  |
| --- |
|  |

1. Country: \*

|  |
| --- |
|  |

1. Cellphone Number: \*

|  |
| --- |
| +267 7 |

1. Email Address: \*

|  |
| --- |
|  |

**Medical, Physical, Dietary, or other Personal Considerations:**

1. This will not affect a candidate's selection, but it will enable the host institution to make any necessary accommodations

|  |
| --- |
|  |

1. Please indicate if the candidate has a disability. \*
	1. [ ]  None
	2. [ ]  Blind or Visual Impairments
	3. [ ]  Deaf or Hearing Impairments
	4. [ ]  Learning Disability
	5. [ ]  Physical Disability
	6. [ ]  Psychiatric Disability
	7. [ ]  Systemic Disability
	8. [ ]  Other

|  |
| --- |
|  |

1. Please describe any pre-existing medical conditions, prescription medication, dietary restrictions, or personal considerations for the candidate

|  |
| --- |
|  |

Experience in the United States:

1. Have you traveled to the United States before? \*
* Yes
* No
1. If yes, please list any previous travel to the United States for the purposes of tourism/vacation, conferences, educational study, or previous ECA programs. Provide dates/duration, purpose of visit(s), and location(s). (Examples: July 4-14, 2019 – Tourism to Washington, D.C.; December 1-15, 2018 - Short Term Study Abroad to New York City, NY).

|  |
| --- |
|  |

1. Have you previously participated in or been accepted into another U.S. Department of State sponsored program? \*
* Yes
* No
1. If yes, please provide the name of the program and the dates. \*

|  |
| --- |
|  |

1. Family residing in the United States (if applicable):

Please include name, relationship to candidate, city, and state. (Example: Jane Doe, sister, Denver, CO).

|  |
| --- |
|  |

SECTION B: CANDIDATE BACKGROUND

1. Year in School: \*
* Completed Third Year
* Completed Fourth Year
* Part-Time Student
* Postgraduate Student
* Expected Date of Graduation: \*
* Other

|  |
| --- |
|  |

Format: M/D/YYYY

1. Will the candidate have one semester left in their studies after the completion of the SUSI program? \*
* Yes
* No
* Other

1. Major/Field of Study: \*

|  |
| --- |
|  |

1. University: \*

|  |
| --- |
|  |

1. Country of University: \*

|  |
| --- |
|  |

1. Work History:

Please include employer, position, dates, and location.

|  |
| --- |
|  |

Volunteer Experience:

1. Please include organization, dates, and location.

|  |
| --- |
|  |

1. Memberships in Associations, Clubs, etc.:

Please include organization and dates.

|  |
| --- |
|  |

Candidate Personal Statement: \*

1. As part of the SUSI application process, candidates should submit a personal statement about their background and goals. In up to 500 words, the candidate should address the following questions and any other pertinent information:

What about your background and interests makes you competitive for the SUSI program? What would you say are your unique leadership qualities? What will you contribute to the program? How will your participation in the SUSI program affect your local community, region, or country? How will the SUSI program affect you personally or professionally?

|  |
| --- |
|  |

1. U.S. Embassy Contact Information:

Please return the form to FulbrightBotswana@state.gov. For inquiries email PASGaborone@state.gov